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Bib Data Sheet

CONFIRMATION NO. 5832

SERIAL NUMBER 09/699,019	FILING DATE 10/27/2000 RULE	CLASS 455	GROUP ART UNIT 2682	ATTORNEY DOCKET NO. 40883/CAG/B600
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APPLICANTS

Ahmadreza Rofougaran, Marina Del Rey, CA;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/160,806 10/21/1999
AND CLAIMS BENEFIT OF 60/160,839 10/21/1999
AND CLAIMS BENEFIT OF 60/163,487 11/04/1999
AND CLAIMS BENEFIT OF 60/164,442 11/09/1999
AND CLAIMS BENEFIT OF 60/164,194 11/09/1999
AND CLAIMS BENEFIT OF 60/164,314 11/09/1999
AND CLAIMS BENEFIT OF 60/164,446 11/09/1999
AND CLAIMS BENEFIT OF 60/165,234 11/11/1999
AND CLAIMS BENEFIT OF 60/165,239 11/11/1999
AND CLAIMS BENEFIT OF 60/165,356 11/12/1999
AND CLAIMS BENEFIT OF 60/165,355 11/12/1999
AND CLAIMS BENEFIT OF 60/201,179 05/02/2000
AND CLAIMS BENEFIT OF 60/202,997 05/10/2000
AND SAID 60/165,355 11/12/1999
CLAIMS BENEFIT OF 60/201,330 05/02/2000
THIS APPLICATION 09/699,019 10/27/2000
CLAIMS BENEFIT OF 60/201,335 05/02/2000
AND CLAIMS BENEFIT OF 60/201,157 05/02/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 01/05/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 69	TOTAL CLAIMS 66	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>MM</i> Initials <i>MM</i>				

ADDRESS

23363

TITLE

Adaptive radio transceiver with a bandpass filter

FILING FEE RECEIVED 2148	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees								
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